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DECLARATION FOR UTILITY OR	Attorney Docket Numb	r	
DECLA RAT ION FOR UTILITY OR DESIGN	First Nam d Inv nt r	Josephine L. Ferguson	
PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN		
	Application Number	09 / 927,543	
Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (37 CFR 1.16 (e)) Figure (37 CFR 1.16 (e))	Filing Date	08/13/2001	
	Group Art Unit	1771	
	Examiner Name	Unaccioned	

Filing	required)	Examiner Name) [Jnassigned	<i>_</i>		
As a below named inventor, I hereby declare that:							
My residence, mailing address, ar	nd citizenship are as stat	ed below next to my nam	ne.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Josephine L. Ferguson: 2246 Mary Baldwin Drive, Alexandria, VA 22307 Citizen of the United States of America							
Title: Protective cover for hair, fabric surfaces, pillows, bed pil- lows and pillowcases							
	(Title of ti	he Invention)					
the specification of which	·	•					
is attached hereto							
OR							
X was filed on (MM/DD/YYYY)	08/13/2001	as United St	ates Application I	Number or PCT In	ternational		
Application Number 09/927,	543 and was a	amended on (MM/DD/YY	YY) 09/19/	/2001	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	oy Attached? NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: XX Customer Number or Bar Code Labe		OR XX Co	vrrespondence address below			
Name Josephine L. Ferguson						
Address 2246 Mary Baldwin Drive						
City Alexandria		State VA	ZIP 22307+1505			
	ytime: 202/4 ephone 703/70	467-7107 (w) 68-2450 (h)	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :						
Given Name (first and middle Lif any]) Josephine L. Family Name or Surname Ferguson						
Inventor's Signature Osephina L. Leigusor Date 9/25/2001						
Residence: City Alexandria	State VA	Country U.S.A.	Citizenship U.S.A.			
Mailing Address 2246 Mary Baldwin Drive, Alexandria, VA 22307-1505						
City Alexandria	State VA	ZIP 22307	Country U.S.A.			
NAME OF SECOND INVENTOR:	A petition has	been filed for this unsi	gned inventor			
Given Name (first and middle [if any]) None Family Name or Surname						
Inventor's Signature Date						
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						